Mobilize for action on sexually transmitted infections

Meeting report, Berlin, Germany,
18 October 2023
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Welcome remarks</td>
<td>3</td>
</tr>
<tr>
<td>Framing presentations</td>
<td>5</td>
</tr>
<tr>
<td>Critical accelerator 1: Increasing political commitment</td>
<td>7</td>
</tr>
<tr>
<td>Critical accelerator 2: Accelerating innovation</td>
<td>10</td>
</tr>
<tr>
<td>Critical accelerator 3: Strengthening community mobilization</td>
<td>13</td>
</tr>
<tr>
<td>Spotlight: Approaches for reframing STIs</td>
<td>16</td>
</tr>
<tr>
<td>Closing remarks</td>
<td>19</td>
</tr>
<tr>
<td>Developing a roadmap towards 2030</td>
<td>20</td>
</tr>
<tr>
<td>Key recommendations for WHO</td>
<td>22</td>
</tr>
<tr>
<td>Annex 1. Meeting agenda</td>
<td>23</td>
</tr>
<tr>
<td>Annex 2. List of participants</td>
<td>25</td>
</tr>
</tbody>
</table>
Introduction

The Mobilize for Action on Sexually Transmitted Infections meeting, held on 18 October 2023 in Berlin, Germany, convened a wide range of stakeholders following the World Health Summit 2023, a key international forum for global health. The meeting focused on addressing the often-overlooked global challenges of sexually transmitted infections (STIs). Participants from diverse backgrounds engaged in discussions about increasing political commitment, accelerating innovation and strengthening community mobilization in response to STIs. The goal of these discussions was to generate insights to shape a strategic roadmap for future advocacy and action on STIs.

Background

Despite the significant global burden of STIs, there is a discernible lack of political commitment, investment, innovation and community mobilization for effective action. In 2020, it is estimated that there were 374 million new cases of chlamydia, gonorrhoea, syphilis and trichomoniasis among individuals aged 15–49 years, amounting to more than 1 million new cases of these curable STIs each day. Many incurable viral STIs lack or have limited treatment options, such as human papillomavirus (HPV), herpes simplex virus (HSV) and human T-lymphotropic virus type 1 (HTLV-1).

The treatment of certain STIs, such as gonorrhoea, is increasingly complicated because of the alarming rise in antibiotic resistance. Additionally, emerging infections such as mpox and the resurgence of neglected STIs, including syphilis, pose significant hurdles to prevention and control efforts. The consequences of STIs are extensive, extending beyond the immediate effects of the infection itself and can lead to pregnancy complications, infertility, cancer development, and increased susceptibility to HIV transmission and acquisition. Psychosocial harm, affecting quality of life, including sexual health, is also a significant concern. Stigma and discrimination surrounding STIs compound the challenges in addressing this global health issue.

Despite limited investment and consensus on multisectoral solutions, financial support for HPV vaccination and congenital syphilis elimination efforts remains noteworthy. Nevertheless, there is an urgent need for coordinated efforts among stakeholders in multiple sectors and a global initiative to advance towards the 2030 STI targets and goals outlined in the Global Health Sector Strategies (GHSS) on HIV, viral hepatitis and STIs for 2022–2030.

Post-Summit meeting

The annual World Health Summit brings together stakeholders from all sectors and all regions to strengthen collaboration and open dialogue to foster global health as a key political issue, and to promote the global health debate in the spirit of the United Nations Sustainable Development Goals. The post-Summit meeting,

---

2 Despite WHO declaring the multicountry mpox outbreak a public health emergency of international concern for the first time in July 2022, no funds were received in response to the associated emergency appeal. This suggested challenges in mobilizing funds and international support for diseases linked to sexual transmission.
Mobilize for Action on Sexually Transmitted Infections, was a unique opportunity for engagement focused on addressing the challenges of STIs and exploring potential solutions. It aimed to raise the profile of STIs in global health discussions, foster new partnerships, stimulate interest, and drive action through targeted advocacy, all contributing to the goal of eliminating STIs as a public health concern by 2030. The meeting agenda is presented in Annex 1.

This meeting built upon the foundation laid by the Think-Tank Meeting initiated by the World Health Organization (WHO) Global HIV, Hepatitis and STIs Programmes in June 2020. It also set the groundwork for a series of periodic forums with STI partners leading up to 2030.

Meeting objectives

1. Elevate the profile of STIs within the global health dialogue to drive progress towards the 2030 STI targets and goals outlined in the GHSS on HIV, viral hepatitis and STIs.
2. Foster new partnerships among stakeholders from diverse sectors and regions, strengthening movement-building and advocacy efforts focused on STIs.
3. Engage in discussions to reframe the discourse on STIs and identify opportunities for greater collaboration, thereby accelerating global strides towards ending STIs as a public health concern.

Meeting format

The format of the meeting facilitated roundtable discussions, enabling participants to share ideas, chart a way forward, draw lessons from other sectors applicable to the STI response, and identify partnerships to comprehensively confront the challenges posed by STIs.

Profile of participants

The meeting brought together 91 participants from diverse geographies and backgrounds spanning research, clinical, advocacy and community sectors, along with representatives from governmental bodies and multilateral organizations.

<table>
<thead>
<tr>
<th>Participant type</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-person partners</td>
<td>32</td>
<td>28</td>
<td>60</td>
</tr>
<tr>
<td>Online partners</td>
<td>8</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>WHO Secretariat</td>
<td>9</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>Total participants</td>
<td>49</td>
<td>42</td>
<td>91</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHO region</th>
<th>Partners (non-WHO)</th>
<th>All (Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>20 (27%)</td>
<td>20 (22%)</td>
</tr>
<tr>
<td>Americas</td>
<td>11 (15%)</td>
<td>12 (13%)</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>1 (1%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Europe</td>
<td>37 (50%)</td>
<td>53 (58%)</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>3 (4%)</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>1 (1%)</td>
<td>1 (1%)</td>
</tr>
</tbody>
</table>

See Annex 2 for the full participant list.
Welcome remarks

Remarks from the German Ministry of Health

Irene Keinhorst, Head of Division, Infectious Diseases, Ministry of Health, Germany

Irene Keinhorst, representing the German Ministry of Health, extended a warm welcome to the meeting attendees, acknowledging the meeting’s focus on STIs. She emphasized that the discussions would build upon insights generated at the World Health Summit, as well as lessons learned from HIV and the ongoing COVID-19 pandemic. She emphasized the global challenge posed by the increasing number of infections and stressed the need for political commitment, investment, innovation and research.

Drawing from the German experience, Irene Keinhorst recounted the multicountry outbreak of mpox in 2022, which was declared a public health emergency of international concern by WHO. She highlighted the successful collaboration between stakeholders, including nongovernmental organizations (NGOs), scientists and local communities, in containing the outbreak. Further, she stressed the importance of combating stigma and discrimination. She commended the German Federal Centre for Health Education for its innovative awareness campaign on chlamydia, which has been effectively targeting young people through popular platforms including TikTok and Instagram.

In conclusion, Irene Keinhorst praised the meeting as a valuable opportunity to address challenges and seek solutions. She expressed gratitude to Meg Doherty and Teodora Wi for their leadership, as well as the WHO team for organizing the meeting and wished everyone a productive meeting in Berlin.

Remarks from the World Health Summit

Axel Pries, World Health Summit 2023 President, Charité – Universitätsmedizin, Berlin

Axel Pries acknowledged the challenges in summarizing the extensive Summit due to its breadth and depth. He highlighted the impressive attendance with over 3000 participants and a strong representation of female speakers, exceeding 50%.

He shared insights on trust and visibility, emphasizing the need to understand and respect diverse perspectives. Axel Pries highlighted the significance of recognizing the unique and complex pathways that lead individuals to their beliefs and decisions, urging more research into effective communication and interaction strategies.

Addressing the complexities of misinformation, Axel Pries pointed to economic interests as a driving force. He stressed the necessity of investing in both medical research and sociological approaches for a comprehensive response to public health challenges. Discussing financing in the global health sector, he advocated for increased allocations, particularly considering its positive impact on society. In conclusion, he emphasized the importance of increasing trust and visibility in the field of public health.
Remarks from WHO

Jérôme Salomon, Assistant Director-General, Universal Health Coverage, Communicable and Noncommunicable Diseases and Mental Health, WHO

Jérôme Salomon, representing WHO, addressed the attendees in a video statement. He highlighted the gravity of the challenge posed by STIs. In addition to providing an overview of existing estimates, he noted that new data from WHO revealed that approximately one in three men worldwide are infected with genital HPV.\(^5\)

He emphasized that treatment of STIs is complicated by rapidly evolving antimicrobial resistance, particularly in the case of gonorrhoea. Jérôme Salomon also mentioned emerging outbreaks of new infections that can be acquired via sexual contact such as mpox, and the re-emergence of neglected STIs, underscoring the significant challenges they pose for prevention and control efforts. While there are many serious consequences of STIs, he pointed to the mental health and social challenges faced by individuals and communities affected by STIs.

Jérôme Salomon noted a lack of investment and coordinated multisectoral solutions to adequately address the issue, and emphasized the importance of engaging affected communities in this agenda. He challenged attendees to be creative and propose ideas to elevate the profile and importance of STIs in the context of sexual well-being. He concluded by expressing his anticipation of the outcomes from the discussions and wished the attendees a successful and energetic meeting.

---

Framing presentations

Why STIs matter

Meg Doherty, Director of the Department of Global HIV, Hepatitis and Sexually Transmitted Infections Programmes, WHO

Meg Doherty emphasized the importance of the meeting and highlighted the significance of STIs. She noted that STIs have long been overlooked, impacting vulnerable populations and causing significant morbidity.

She highlighted the severe human cost of neglecting STIs, including infant mortality due to rising cases of congenital syphilis, as well as various health issues arising from untreated STIs, stressing the need to strengthen public health systems. Additionally, Meg Doherty pointed to the link between HPV and cervical cancer, particularly affecting those living with HIV, and noted that other STIs increase susceptibility to HIV transmission and acquisition. She emphasized the disproportionate impact on young people, especially women and key populations, and called for better integration of STI care into primary health care.

Further, Meg Doherty expressed the need for innovation, as current diagnostics and vaccines for STIs are insufficient. She discussed WHO’s opportunities to address STIs within the context of recent United Nations General Assembly declarations on health, emphasizing the need for a comprehensive STI response as part of universal health coverage. This approach would positively impact various aspects from combating antimicrobial resistance to reducing HIV transmission. She concluded by urging attendees to reaffirm global health and political priorities, champion the cause of STIs, and involve civil society to underscore the importance of addressing this issue.

Key issues in STI control

Teodora Wi, Lead, Sexually Transmitted Infections, Department of Global HIV, Hepatitis and STIs Programmes, WHO

Teodora Wi stressed the importance of addressing stigma and discrimination in STI control and highlighted the need for collective efforts to make progress over the next 5–10 years. She encouraged a necessary shift in mindset regarding sexual health, emphasizing that sex is a natural human need and, like any other activity, can carry potential risks.

She outlined the framework for STI control, which includes primary prevention, screening, diagnosis, case management, partner services and programme management. Teodora Wi acknowledged the challenges faced in implementing this framework, especially given the complexity of sexual behaviours. She emphasized the need for innovative approaches, such as point-of-care tests for diagnosis, and highlighted the growing threat of antimicrobial resistance, particularly in treating gonorrhoea.

Teodora Wi shared historical lessons learned from STI control efforts, including the impact of framing STI control within the broader context of HIV prevention. She referenced a recent study that highlighted factors affecting the global political priority for controlling STIs, suggesting a need for a more politically aware approach to drive policy attention and resource distribution. Universal health coverage offers an opportunity

for integrated STI strategies, contingent on sustained funding and policy coherence. To influence research, practice and policy, STI advocacy should develop strategic alliances across diverse sectors and leverage policy windows to integrate STI control into broader health reforms.

Finally, Teodora Wi presented the agenda for the meeting (see Annex 1), which included three thematic discussions on increasing political commitment, accelerating innovation and strengthening community mobilization – each seen as a critical accelerator. With each theme framed by a panel discussion followed by roundtable discussions, she encouraged active participation to generate meaningful insights for the development of a roadmap for future STI advocacy efforts.
Critical accelerator 1: Increasing political commitment

Political commitment is fundamental for effective control of STIs, requiring adequate funding, multisectoral policies and dedicated programmes.

Panel discussion

The panel discussion convened experts from diverse organizations and governmental agencies, providing insights on key strategies and challenges in addressing this global health issue. They highlighted the importance of integrated services, tailored interventions, robust surveillance systems and active community engagement to effectively mitigate the impact of STIs. They also underscored the importance of addressing STIs within the broader context of comprehensive health care.

Florence Riako Anam, Co-Executive Director of the Global Network of People Living with HIV (GNP+), emphasized the critical role of women’s leadership and the significance of accessible health services for HIV and other STI prevention. She advocated for enhanced political commitment to fund initiatives that bridge gaps in STI discourse and called for a holistic approach that includes issues such as cervical cancer. She stressed the need for unified efforts and impactful messaging, referencing successful campaigns. She concluded by advocating for the destigmatization of STIs, promoting a positive and inclusive approach, and highlighting the essential role of public health-care institutions, particularly for pregnant women living with HIV.

Ricardo Baptista Leite, President of the UNITE Parliamentarians Network for Global Health, discussed the complex and multifaceted factors contributing to STI prevalence, drawing from his experiences as an infectious disease physician. He urged for increased awareness among politicians regarding health determinants and described how his political career has provided opportunities to advocate for policies addressing HIV and other STIs. He underscored the influential role of parliamentarians in shaping health policy and introduced the “ABCDE” rule for effective political advocacy. He concluded by emphasizing the importance of involving those directly affected by STIs in policy-making, advocating for people-centred approaches and enhancing political involvement in STI prevention and treatment.

“A” stands for Awareness, emphasizing the importance of informing people about the issue at hand.

“B” stands for Budget, highlighting the need to identify funding sources.

“C” refers to the Cost of inaction, emphasizing its negative consequences.

“D” stands for Data, stressing the significance of demonstrating the impact of proposed actions.

“E” stands for Elections, underlining the need to align proposals with the political cycle.
Amir Shroufi, a Senior Disease Adviser at the Global Fund to Fight AIDS, Tuberculosis and Malaria, shared insights into the organization’s substantial financial contributions, especially in low- and middle-income countries, tailored through a country-driven approach. He highlighted the Fund’s support for STI programmes targeting adolescent girls and young women, key populations, and the triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis, encompassing service delivery, diagnostics and treatment. He identified obstacles to gaining political support, such as limited visibility and the absence of comprehensive data and tools, alongside the need for a coordinated civil society response. He emphasized the importance of accurately quantifying the STI burden, enhancing surveillance and strengthening public health governance. Lastly, he discussed the necessity for compelling advocacy, the development of investment cases, and the implementation of person-centred services aligned with universal health coverage, reaffirming the Global Fund’s commitment to addressing STIs.

Angelica Miranda, representing the Brazilian Ministry of Health, outlined Brazil’s strategy to curb the rise in congenital syphilis through the adoption of the global triple elimination initiative, successfully adapted at the subnational level. She elaborated on the Government’s commitment to allocate significant funding and establish a dedicated coordinator for STIs. The national focus on preventing congenital syphilis has heightened the profile of STIs, equating them with other prominent diseases. She praised the invaluable support from civil society, particularly from women living with HIV, in driving STI-related initiatives. Acknowledging the necessity for enhanced collaboration with other health departments, she championed holistic and integrated health care as an essential strategy to address the complex health challenges presented by STIs.

Roundtable discussions

The roundtable discussions yielded several key messages and insights. There was a consensus on the importance of targeted advocacy efforts, enhanced data collection and analysis, and the integration of STIs into broader health-care priorities.

The discussions identified several barriers to political commitment related to STIs at both national and global levels, including the diversity of populations affected by STIs, challenges in disaggregating STI data and limited funding for data analysis. STI-related stigma and gaps in training for effective STI management were also highlighted as significant barriers.

To overcome these barriers, participants emphasized the need for community engagement, alliance-building and increased visibility of STIs through advocacy interventions. For example, the “ABCDE” approach, simplifying messaging, and aligning STIs with other global health priorities were proposed as effective strategies. Emphasizing the cost-effectiveness of treatment for some STIs, framing STIs in economic terms, and providing comprehensive sexuality education, particularly for young people, were identified as crucial steps.

Opportunities for increasing political commitment included leveraging existing platforms such as universal health coverage, primary health care and HIV integration to prioritize STIs. Engaging young people, grassroots organizations and parliamentarians in advocacy efforts was recognized as a powerful strategy.

In terms of next steps, the discussions highlighted the need for systematic data collection, clearer prioritization of STIs and the establishment of country-based advocacy platforms. Engaging politicians, using culturally sensitive messaging and framing STIs as a part of human sexuality were proposed as effective approaches in certain contexts. Additionally, leveraging existing data, communicating the return on investment of STI interventions and involving various advocate and activist groups were seen as crucial strategies for boosting political commitment and leadership for STIs.
Recommendations and next steps

1. **Strengthen coordination and leadership**: Call on WHO and other leading health organizations to take on a greater leadership role in setting STI-related policies and guidelines and collaborating with other partner organizations, ensuring sustained attention and coordinated advocacy efforts.

2. **“ABCDE” rule for advocacy**: Use the ABCDE rule – Awareness, Budget, Cost of inaction, Data and Elections – to structure political advocacy efforts, focusing on informing, funding, demonstrating consequences, showcasing impact and aligning with political cycles.

3. **Collaborate with networks and diversify advocates**: Engage with influential networks such as UNITE and include people directly affected by STIs, parliamentarians and community members in policy discussions to deepen political engagement and broaden support for STI initiatives.

4. **Data-driven advocacy and investment cases**: Develop compelling investment cases that articulate the socioeconomic benefits and public health benefits of addressing STIs, underpinned by robust data from enhanced surveillance systems to support the development of targeted, evidence-based interventions and attract necessary funding.

5. **Integration within the broader health agenda**: Ensure that STIs are integrated into broader health agendas, including universal health coverage and primary health care initiatives, emphasizing people-centred approaches, tailored interventions, and community engagement to enhance overall health and well-being.
Critical accelerator 2: Accelerating innovation

Innovation is essential for effective control of STIs, necessitating investment and research in new prevention, diagnostic and treatment tools and options.

Panel discussion

A recent global STI research prioritization process conducted by WHO identified four key areas – diagnostics, prevention, management and epidemiology – that structured the discussions on accelerating innovation in STIs. The panel discussion brought together five experts with diverse perspectives, including civil society and funding bodies. Overall, the panellists emphasized the urgent need for increased investment and collaborative efforts, advocating for a comprehensive approach to accelerate innovation. They highlighted the unique challenges and opportunities in this field, emphasizing the importance of sustained efforts to effectively manage STIs and improve public health outcomes globally.

Imelda Mahaka, Executive Director of Pangaea Zimbabwe, stressed the importance of community involvement in STI innovation, drawing parallels with successful HIV and COVID-19 responses. She advocated for early community engagement to develop impactful solutions and tailor products to meet community needs and preferences. From her experience in HIV advocacy, she called for a robust civil society movement for STIs, particularly in regions like sub-Saharan Africa, and highlighted the role of data-driven advocacy for improving services, with examples from Zimbabwe. Addressing stigma, she called for coordinated messaging to overcome barriers to prevention and treatment-seeking, advocating for community-centred systems and integrated programmes to deliver effective STI interventions. She also encouraged leveraging the momentum from the COVID-19 response to foster innovative control measures for STIs.

Barbara Van Der Pol, President of International Society for STD Research (ISSTDR) and a renowned expert in laboratory diagnostics, emphasized the long-standing need for point-of-care diagnostics in STI control, which gained prominence during the COVID-19 pandemic. She highlighted the importance of adapting new technologies to fit into existing clinical workflows and ensuring community involvement from the development phase. She used the example of a “rapid” syphilis test to illustrate the importance of integrating new technologies into clinical settings effectively. She advocated for community engagement and education for health workers, as well as empowering individuals to adopt self-care strategies for STI testing to reduce stigma and enhance accessibility. She concluded by emphasizing person-centred care and advised funders to engage with experts and stakeholders for more effective resource allocation.

David Sotto, Deputy Director of Strategy of the Women’s Health Innovations team at Bill & Melinda Gates Foundation, advocated for a comprehensive approach that addresses both health and social implications, including stigma and gender-based violence. He highlighted the need for global coordination and increased funding to propel innovative STI control measures forward, stressing the importance of epidemiological data to assess long-term impacts. He emphasized the value of informed product development, particularly in
diagnostics, noting the importance of cost-effectiveness and seamless integration into existing health-care infrastructure. He called for policy changes to facilitate the adoption of innovative products and underscored the importance of collaborative efforts in advancing STI control innovation.

Azadeh Baghaki, Strategy Manager from Unitaid, identified and addressed five key barriers: innovation and availability, quality issues, affordability, supply and delivery, and demand creation. She stressed the importance of partnerships and collaboration with various stakeholders to ensure equitable access to innovations. She provided an example of Unitaid’s work in enhancing access to cervical cancer screening and treatment, highlighting a focus on self-collection to increase convenience and accessibility for women. She concluded by emphasizing the need to consider the entire value chain to maximize the reach and benefit in STI control efforts effectively.

Pierre Daram, Research and Development Drug/Treatment Project Leader at the Global Antibiotic Research and Development Partnership (GARDP), discussed the challenges in funding, developing new antibiotics for STIs and addressing antimicrobial resistance. He expressed gratitude for government support, highlighting grants received from Germany for GARDP’s STI treatment research. He critiqued the current model of antibiotic development, which, despite its critical impact on saving lives, struggles to attract adequate funding. He emphasized the need for synchronized development of treatments and diagnostics, citing data from organizations such as WHO as crucial for identifying priority areas. Despite the challenges posed by STIs, he noted signs of progress, but warned against complacency, stressing the importance of sustained research and funding. He concluded by emphasizing the urgency of preserving expertise in antibiotic development and advocating for continued investment in research and innovation for effective STI control.

Roundtable discussions

The roundtable discussions addressed various crucial points, focusing on the need for harmonized global and local policies, tailored approaches for different diseases and regions, and synchronization of treatment development with disease understanding.

Participants emphasized the importance of a prominent advocacy voice, comprehensive data on burden of disease associated with STIs, quality of life, cost-effectiveness and integrated approaches. They also highlighted the necessity for clearer and more precise communication to address stigma associated with STIs and suggested enhancing the emphasis on STI control within HIV prevention strategies.

The discussions underscored the importance of community-level initiatives, understanding broader community needs and generating demand for new interventions through awareness campaigns and education. Building networks, integrating testing strategies and utilizing digital innovations for information dissemination were recognized as key strategies, along with the necessity for robust monitoring and clear marketability for STI innovations. The need for tools that enable task sharing and self-care were also identified, including empowering pharmacists and community-based organizations, and enabling self-testing with dual HIV/syphilis testing and other rapid, point-of-care diagnostics currently in development.

The roundtable discussions emphasized the multifaceted nature of advancing STI innovation, highlighting tailored strategies, advocacy, data-driven approaches and community engagement. Participants also explored opportunities for community demand generation, focusing on partnerships, cost-effective testing, engaging with mass media, addressing awareness gaps, promoting service utilization and integrating interventions into broader programmes. The overall goal of innovation is to enhance the accessibility and utilization of STI services, thereby contributing to more effective control and prevention.
Recommendations and next steps

1. **Increase investment and collaboration:** Communicate the urgent need for increased investment in prioritized research and collaborative efforts to develop a comprehensive approach for accelerating STI innovation, addressing unique challenges and opportunities in the field.

2. **Community-centred innovation:** Promote community involvement in developing tailored solutions and early engagement strategies, leveraging technology for effective information dissemination and demand generation for new STI interventions, drawing lessons from successful HIV and COVID-19 responses.

3. **Accessible innovations and real-world integration:** Advocate for the development of accessible point-of-care diagnostics and treatment options that can be used in real-world settings beyond clinical environments, including by pharmacists and community organizations, and self-care approaches.

4. **Comprehensive approach and global coordination:** Push for a comprehensive approach that addresses the health and social implications of STIs, including equitable access, emphasizing the need for global coordination and informed product development to ensure policy changes and product adoption.

5. **Leverage existing forums:** Use existing forums and platforms, such as Treatment and Testing Optimization and Access meetings with manufacturers, to advocate for the development and accessibility of essential STI treatments and diagnostics, ensuring that research priorities related to STIs and antimicrobial resistance are widely disseminated to inform and guide future efforts.

6. **Partner involvement for innovation:** Engage partners and key stakeholders to identify critical STI tools needed for effective control, coordinate the development of essential innovations, and collaborate closely with ministries of health, partners and communities to facilitate access to innovative tools.
Critical accelerator 3: Strengthening community mobilization

*Community mobilization is vital for effectively addressing complex STI challenges, requiring meaningful engagement and empowerment of diverse community actors.*

Panel discussion

The panel discussion convened four diverse experts, each providing unique insights on the critical role of community engagement in addressing the complex challenges posed by STIs. They collectively emphasized the need for tailored, culturally sensitive approaches and the empowerment of communities to drive effective interventions. These efforts include reducing stigma, addressing resource gaps, prioritizing STI discussions, centring community voices, and ensuring inclusive representation in decision-making processes.

**Kimberly Neff**, founder of Herpes Cure Advocacy, discussed the organization’s mission to advocate for the cure, treatment and prevention of herpes. She highlighted the widespread prevalence of HSV and addressed common misconceptions about its long-term impact, noting significant public health implications, including its relationship with HIV. She identified the current gaps in medical innovation for herpes treatment and called for collective action, increased testing and enhanced clinical care. She emphasized the need for a more vigorous public health response to combat the silence and stigma surrounding herpes and called for increased support to bring this issue to the forefront.

**Dingaan Mithi**, from the Journalists Association Against AIDS (JournAIDS) in Malawi, shared challenges related to STI management in Malawi, based on findings from a recent landscape analysis. He noted the absence of updated guidelines and the inadequacy of STI-related policies in major health plans. He discussed the reliance on syndromic management due to limited diagnostic options and highlighted the insufficiency of media coverage of STIs and the difficulty of translating STI-related terminology into local languages. He advocated for a collaborative platform that includes media, civil society and other stakeholders to enhance STI reporting and management in Malawi.

**Eolann Mac Fadden**, representing Frontline AIDS, emphasized the organization’s community-focused approach, leveraging their extensive experience: over 30 years primarily in the HIV response. He noted that STIs often do not emerge as priority topics and suggested more in-depth discussions with civil society networks in the global South to reassess their prioritization of STIs and identify barriers. He discussed applying lessons from the HIV response to effectively engage communities in addressing STI challenges, advocating for community self-mobilization and the adoption of community-owned digital innovations for sexual health promotion, and self-testing for enhanced privacy and reduced stigma.

**Alison Footman**, Senior Program Manager of STIs at AIDS Vaccine Advocacy Coalition (AVAC), reflected on her experiences and identity as a Black woman from a politically and religiously conservative background, highlighting the importance of including diverse voices in discussions on STIs. She emphasized the need to empower communities to share their experiences and perspectives, advocating for integrating this approach
into various platforms including meetings, conferences and communications, to promote a more inclusive and equitable society where all voices are valued. She encouraged attendees to engage with AVAC’s resources for further information and support, including the STI Watch website.7

Roundtable discussions

The roundtable discussions underscored several key themes and recommendations, highlighting the critical role of meaningful community engagement. Participants recognized communities not just as stakeholders but as partners and leaders in addressing STIs, stressing the importance of ongoing involvement beyond just emergencies or product launches.

Challenges such as funding constraints and diminishing spaces for civil society action were identified as significant obstacles. Discussions advocated for genuine involvement of communities in decision-making, moving away from tokenistic engagement. Capacity-building initiatives and peer-to-peer learning were recommended to empower communities in managing STIs, with a particular emphasis on recognizing the expertise within affected groups and supporting community-driven innovations such as self-testing.

Bridging the gap between HIV and other STI communities, given their overlapping demographics and needs, was highlighted as a crucial advocacy opportunity. Participants suggested building on existing community groups and activities that include STIs, enhancing the capacity of community health workers, and addressing stigma, especially among young people, to improve health-care access. Using media, including social media, to disseminate STI-related information and ensuring that language is culturally specific and destigmatizing were emphasized. Furthermore, comprehensive sexuality education programmes that include accurate information on STIs, and advocacy efforts focused on inclusivity and combating stigma were seen as vital. Open dialogues about STIs, framed as opportunities for individuals manage their own health and well-being, were encouraged.

For civil society mobilization, utilizing diverse community voices and platforms for engagement were seen as essential. Strategies include matching societal needs with health discussions, inclusive approaches that involve diverse groups such as young people and people with disabilities, and prioritizing STIs within national health strategies. Additional recommendations included creating technical working groups for STI advocacy, engaging clinicians in community discussions about STIs, and identifying feedback mechanisms for a unified community voice on STIs. Building on HIV prevention programmes, sharing best practices with STIs and understanding how individuals access information were also suggested.

Participants recommended supporting diverse groups through funding for their involvement in the STI agenda, educating decision-makers about STIs, and advocating for increased funding and national awareness. Engaging the education sector for policy and advocacy, particularly regarding comprehensive sexuality education, was deemed essential. WHO was urged to assume a greater leadership role in setting STI-related policies and guidelines, and to provide a clear call to action for advocates. Community mapping of key populations affected by STIs was recommended to target interventions effectively. Overall, these discussions provided valuable insights and actionable recommendations for enhancing community mobilization in the context of STIs, underscoring the need for continuous, inclusive and strategic engagement.

Recommendations and next steps

1. **Empower and broaden community empowerment:** Actively resource and empower diverse community voices, including women’s groups and other key populations, ensuring their inclusive representation in decision-making and advocacy efforts, and engage in in-depth discussion with civil society networks for more impactful and equitable STI solutions.

2. **Develop tailored, community-driven approaches:** Collaborate with communities to develop culturally sensitive approaches that reduce stigma, close resource gaps and amplify community voices, ensuring more inclusive and equitable discussions.

3. **Foster continuous engagement and meaningful partnerships:** Protect community engagement spaces and foster opportunities for continuous community involvement in decision-making processes, recognizing communities as crucial partners rather than mere stakeholders in addressing STIs.

4. **Leverage community expertise and converge advocacy efforts:** Acknowledge the expertise within affected populations to drive effective STI interventions and unify HIV and other STI communities to leverage shared needs and populations for stronger advocacy efforts.

5. **Implement diverse advocacy strategies for policy change:** Use various community platforms, prioritize STIs in national health strategies, engage with education sectors, advocate for increased funding, and identify leaders who can assume a greater role in STI advocacy, drawing on successful models such as AVAC’s approach to collaborative advocacy.

6. **Develop a community-focused communication strategy:** Formulate a communication strategy that engages communities effectively in STI-related advocacy, ensuring that messages are clear, culturally relevant and empowering.
To explore possibilities for reframing STIs within the global response, two keynote speakers provided their insights for positive and inclusive approaches that prioritize sexual health and well-being, along with the empowerment of communities.

Anne Philpott, the founder of The Pleasure Project, addressed the destigmatization of discussions of pleasure in sexual health. She shared an enlightening anecdote about an item, initially perceived as a sex toy, that can enhance sexual experiences, which was actually an internal condom (also known as a female condom), to highlight the importance of openly discussing pleasure. She recounted her experiences with initiating internal condom programmes globally and emphasized creative ways people have negotiated condom use. She advocated for the destigmatization of conversations about pleasure and sexual health, noting that pleasure is a fundamental aspect of human experience and arguably the primary reason people have sex.

She criticized the scarce discussions about pleasure at past international AIDS conferences, noting that less than 0.5% of all abstracts addressed pleasure, and stressed the need to reframe conversations to include desire, intimacy and joy. A systematic review by The Pleasure Project and partners, including WHO, demonstrated a positive impact on sexual health outcomes when interventions incorporated pleasure. The Pleasure Project has developed “The Pleasure Principles”, a set of seven guiding principles derived from existing evidence and best practices (see Fig. 1). She called for increased funding and open conversations about integrating pleasure into sexual health programming, envisioning a future where such discussions are an integral part of the discourse.

Will Nutland, cofounder and codirector of PrEPster, an organization that educates and agitates for access to pre-exposure HIV prophylaxis, shared 11 key insights (see Box 1) from his work at The Love Tank, focusing on the integration of pleasure in sexual health discussions. He presented a video that illustrated the positive impacts of using HIV pre-exposure prophylaxis (PrEP) on sexual experiences. Despite prevailing advice and regulations, he noted that people continue to have sex, even during outbreaks such as COVID-19 and mpox. He highlighted the necessity of addressing structural barriers that impede migrant access to sexual health services, and emphasized the importance of providing accurate information in multiple languages and staying at the forefront of sexual health interventions.

He advocated for interventions that are both targeted and tailored, viewing communities as essential allies and seeking to maximize intervention opportunities. He particularly stressed the need to focus on migrant populations, calling for proactive support and empowerment. Ultimately, he argued that comprehensive community involvement in sexual health initiatives is crucial. He urged funders to support innovative approaches and to maintain a positive approach to sexual health.

Fig. 1. The Pleasure Principles

Source: The Pleasure Project (2024).9

---

Box 1. Eleven key take-aways to reframe language and interventions on STIs

1. **Focus on pleasure**: Emphasize the positive aspects of sexual health and pleasure in discussions about prevention and protection.

2. **People are still having sex**: Recognize that individuals may continue to engage in sexual activity even in the face of advice or rules, especially during health crises such as COVID-19 and mpox outbreaks.

3. **Address structural barriers**: Acknowledge and overcome policy or societal obstacles that hinder access to sexual health services, especially for marginalized communities such as migrants.

4. **Provide accurate information**: Ensure information about sexual health is accessible and available in multiple languages to reach diverse populations effectively.

5. **Communities are ahead of the curve**: Acknowledge that some communities may already be implementing effective strategies for sexual health, even before official programmes are in place.

6. **Tailor, target and segment**: Personalize interventions and avoid ineffective mass media campaigns by focusing on the specific needs and risk factors of key populations.

7. **Sex settings are allies, not enemies**: Recognize the value of sex settings, including online platforms, as essential spaces for reaching vulnerable populations and providing crucial services.

8. **Every opportunity counts**: Maximize opportunities for intervention by offering comprehensive sexual health services during events or encounters.

9. **Focus on migrant populations**: Pay special attention to migrants, who may face additional barriers in accessing sexual health services, and provide them with the necessary support and information.

10. **Nothing about us without us**: Involve key communities in all aspects of sexual health work, including policy, research and practice, as full community engagement is a fundamental practice.

11. **Keep it sexy**: Maintain a positive and engaging approach to sexual health discussions and interventions, prioritizing action over paperwork and bureaucracy.

Source: Will Nutland’s presentation.
Closing remarks

In closing, Meg Doherty expressed her gratitude for the active participation in the meeting, acknowledging the collective enthusiasm to address the challenges related to STIs. She discussed the difficulty of effectively communicating the interconnected nature of STIs, HIV and hepatitis in political contexts, noting that the prominence of HIV often overshadows other diseases due to its greater burden, funding and influence. Emphasizing the need for a more robust and aggressive roadmap, she called for sustained action and momentum, proposing follow-up discussions with stakeholders, virtual collaboration meetings, engagement with parliamentarians and the potential organization of a ministerial meeting focused on STIs.

She stressed the importance of involving communities from the outset and detailed steps for the roadmap, including leveraging existing funding opportunities, integrating STIs into new health-care initiatives, and incorporating meaningful STI indicators into global health discussions. She thanked the participants for their expertise and dedication, which were integral to the success of the meeting. She concluded by expressing gratitude to the entire team for their efforts in ensuring a successful meeting.
Developing a roadmap towards 2030

The meeting generated ideas and opportunities for future advocacy and increased visibility for efforts on STIs. Discussions identified several next steps and opportunities to begin developing an STI advocacy roadmap towards 2030. It was also noted that while there is currently no dedicated international awareness day for STIs, the possibility of linking to several existing awareness opportunities was highlighted.

Immediate next steps

• Form a community forum for engagement of communities and civil society networks with WHO’s work on STIs, including partners such as AVAC, APCOM and Frontline AIDS.
• Plan a series of STI partners’ forums that include a broad range of stakeholders and incorporate advocacy as a key component.
• Propose the organization of a high-level parliamentarian forum dedicated to STIs.
• Identify, communicate and apply for funding opportunities to support STIs.
• Develop an investment case to help advance the global STI agenda.
• Advocate for a meaningful indicator for STIs within the Universal Health Coverage (UHC)/Sustainable Development Goals (SDG) index.
• Support efforts to propose a global awareness day for STIs.

Possible opportunities

2024
• 27 May to 1 June: World Health Assembly (WHA) – Progress report on the Global health sector strategies on HIV, viral hepatitis and STIs (GHSS) (Geneva, Switzerland)
• 22–26 July: AIDS 2024 (Munich, Germany)
• 17–20 September: International Union Against Sexually Transmitted Infections (IUSTI) 2024 World Congress (Sydney, Australia)
• 26 September: United Nations General Assembly High-Level Meeting on Antimicrobial Resistance (New York, United States of America)

2025
• 16–19 June: World Association for Sexual Health (WAS) 2025 (Brisbane, Australia)
• 24–27 July: STI & HIV 2025 World Congress (Montreal, Canada)
• 5–9 October: International Federation of Gynecology and Obstetrics (FIGO) 2025 World Congress of Gynecology and Obstetrics (Cape Town, South Africa)
• December: International Conference on AIDS and STIs in Africa (ICASA) 2025
2026

- May: WHA – Mid-term report on the GHSS (Geneva, Switzerland)
- July: AIDS 2026
- September: IUSTI 2026 World Congress (Prague, Czechia)
- To be confirmed (TBC): United Nations High-Level Meeting on HIV (New York, USA)

2027

- October: FIGO 2027 World Congress
- December: ICASA 2027
- TBC: STI & HIV 2027 World Congress (New Delhi, India)
- TBC: WAS 2027

2028

- May: WHA – Progress report on the GHSS (Geneva, Switzerland)
- July: AIDS 2028
- TBC: IUSTI 2028 World Congress

2029

- October: FIGO 2029 World Congress
- December: ICASA 2029
- TBC: STI & HIV 2029 World Congress
- TBC: WAS 2029

2030

- July: AIDS 2030
- TBC: IUSTI 2030 World Congress

2031

- May: WHA – Final report on the GHSS (Geneva, Switzerland)

Annual awareness days and weeks

- 30 January: World Neglected Tropical Diseases Day
- 13 February: International Condom Day
- 4 March: International HPV Awareness Day
- 7 April: World Health Day
- 28 July: World Hepatitis Day
- 4 September: World Sexual Health Day
- 16 September: Global Female Condom Day
- 13 October: Herpes Awareness Day (USA)
- 10 November: World HTLV Day
- 17 November: Cervical Cancer Elimination Day of Action
- 18–24 November: World Antimicrobial Resistance (AMR) Awareness Week
- 1 December: World AIDS Day
- 12 December: Universal Health Coverage Day
Key recommendations for WHO

1. **Develop a global STI advocacy roadmap:** Ensure sustained action and momentum among key stakeholders by completing a comprehensive global roadmap for STI advocacy.

2. **Create a global community forum:** In collaboration with civil society organizations, establish and maintain a diverse global forum for STI advocates.

3. **Pursue additional funding for STI advocacy:** Actively seek new funding opportunities to enhance coordination and advocacy efforts related to STIs.

4. **Capitalize on relevant conferences for greater engagement:** Identify and utilize opportunities at upcoming relevant conferences to engage communities and key stakeholders, and promote global action on STIs.

5. **Leverage existing awareness days for STI messaging:** Use existing global health awareness days to disseminate STI-specific messages, particularly on World Sexual Health Day (4 September), in the absence of a specific global health awareness day for STIs.
### Annex 1. Meeting agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00–08:45</td>
<td>Registration and coffee</td>
<td></td>
</tr>
<tr>
<td>08:45–09:00</td>
<td>Roundtable introductions</td>
<td></td>
</tr>
<tr>
<td>09:00–09:30</td>
<td>Setting the stage</td>
<td></td>
</tr>
</tbody>
</table>
|               | Welcome and overview                                                    | Irene Keinhorst, Head of Division, Infectious Diseases, Ministry of Health, Germany
|               |                                                                        | Axel Pries, World Health Summit President, Charité – Universitätsmedizin
<p>|               |                                                                        | Jérôme Salomon, Assistant Director-General, Universal Health Coverage/Communicable and Noncommunicable Diseases, WHO (video) |
| 09:30–09:45   | Key issues and setting intentions for the day                          | Teodora Wi (WHO)                |
|               | Key priorities and challenges related to STIs                          |                                 |
|               | Overview of the agenda and objectives                                  |                                 |
| 09:45–10:30   | Theme 1: Political commitment                                           | Jane Rowley (WHO)               |
|               | Florence Anam, Global Network of People Living with HIV (GNP+)           |                                 |
|               | Angelica Miranda, Ministry of Health, Brazil                            |                                 |
|               | Ricardo Baptista Leite, UNITE Parliamentarians Network for Global Health |                                 |
|               | Amir Shroufi, The Global Fund to Fight AIDS, Tuberculosis and Malaria   |                                 |
| 10:30–11:15   | Theme 2: Accelerating innovation                                        | Sami Gottlieb (WHO)             |
|               | Imelda Mahaka, Pangaea Zimbabwe                                          |                                 |
|               | Barbara van der Pol, University of Alabama at Birmingham,               |                                 |
|               | International Society for STD Research (ISSTDR) and American Sexually   |                                 |
|               | Transmitted Diseases Association (ASTDA)                                |                                 |
|               | Azadeh Baghaki, Unitaid                                                  |                                 |
|               | Pierre Daram, Global Antibiotic Research &amp; Development                  |                                 |
|               | David Sotto, Bill &amp; Melinda Gates Foundation                            |                                 |
| 11:15–11:45   | Coffee break                                                            |                                 |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:45–12:30</td>
<td>Roundtable discussions</td>
<td>Teodora Wi (WHO)</td>
</tr>
<tr>
<td></td>
<td>Political commitment:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What are the opportunities for increasing political commitment in STIs?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accelerating innovation:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What are the critical next steps for advancing the global agenda for STI innovation?</td>
<td></td>
</tr>
<tr>
<td>12:30–13:30</td>
<td>Networking lunch</td>
<td></td>
</tr>
<tr>
<td>13:30–14:00</td>
<td>Spotlight: Approaches towards reframing and rethinking our collaborative agenda</td>
<td>Maeve Brito de Mello (WHO)</td>
</tr>
<tr>
<td></td>
<td>Anne Philpott, The Pleasure Project</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Will Nutland, The Love Tank</td>
<td></td>
</tr>
<tr>
<td>14:00–14:45</td>
<td>Theme 3: Community mobilization</td>
<td>Andy Seale (WHO)</td>
</tr>
<tr>
<td></td>
<td>Alison Footman, AVAC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dingaan Mithi, Journalists Association Against AIDS (JournAIDS)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kimberly Neff, Herpes Cure Advocacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eolann Mac Fadden, Frontline AIDS</td>
<td></td>
</tr>
<tr>
<td>14:45–15:30</td>
<td>Roundtable discussions</td>
<td>Andy Seale (WHO)</td>
</tr>
<tr>
<td></td>
<td>Community mobilization:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How do we better engage with diverse communities for STI advocacy?</td>
<td></td>
</tr>
<tr>
<td>15:30–16:00</td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td>16:00–16:30</td>
<td>Sharing key messages and key opportunities</td>
<td>Daniel McCartney (WHO)</td>
</tr>
<tr>
<td></td>
<td>Feedback from roundtable discussions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review of key opportunities</td>
<td></td>
</tr>
<tr>
<td>16:30–17:00</td>
<td>Developing a roadmap towards 2030</td>
<td>Andy Seale (WHO)</td>
</tr>
<tr>
<td></td>
<td>Overview of actionable steps and ongoing engagement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Planning for the STI Partners Forum</td>
<td></td>
</tr>
<tr>
<td>17:00–17:30</td>
<td>Closing session</td>
<td>Meg Doherty (WHO)</td>
</tr>
<tr>
<td>17:30–</td>
<td>Networking reception</td>
<td></td>
</tr>
</tbody>
</table>
Annex 2. List of participants

Declaration of interests of external participants

External participants were asked to complete the WHO Declaration of Interests (DOI) form as part of their engagement with the meeting. These forms were individually reviewed by the WHO Secretariat. The WHO DOI form requires individuals to declare interests related to the meeting topic in the areas of employment, consultation, research, investment, intellectual property, public statements or other. As the work drew on the knowledge and expertise of many individuals working in the sector, a number had interests to declare. In each instance, the nature of these interests was assessed by the WHO Secretariat to identify whether they represented a conflict of interest that would be considered to affect, or be perceived to affect, the individual’s judgement when assessing evidence. Due to the absence of voting or formulating recommendations, there was no instance where a declaration of interest was considered to represent a conflict of interest that would either preclude the person from participating.

Participants

Stakeholder representatives

Obiageli Alintah  
Clinton Health Access Initiative (CHAI)  
Ghana

Florence Riako Anam  
Global Network of People Living with HIV (GNP+)  
Kenya

Georges Azzi (online)  
Independent consultant  
Spain

Azadeh Baghaki  
Unitaid  
Switzerland

Ricardo Baptista Leite  
UNITE Parliamentarians Network for Global Health  
Switzerland

Christopher Bauti  
Journalists Association Against AIDS (JournAIDS)  
Malawi

Kirsty Blackborough  
HTLV 1 Patient advocate  
United Kingdom of Great Britain and Northern Ireland

Caterina Casalini  
FHI 360  
Italy

Christina Chilmba  
All for Youth  
Malawi

Chido Dziva Chikwari (online)  
The Biomedical Research and Training  
Zimbabwe

Emma Collingbourne  
Avert  
United Kingdom

Pierre Daram  
Global Antibiotic Research and Development (GARDP)  
Switzerland

Mandisa Dukashe  
HIV Survivors and Partners Network  
South Africa

Tim Eckmanns  
Robert Koch Institute  
Germany
Amina El Kettani  
Ministry of Health  
Morocco

Joseph Barasa Etyang  
LVCT Health  
Kenya

Thiago Fidaigo  
Federal University of São Paulo  
Brazil

Alison Footman  
AVAC  
United States of America (USA)

Barbara Friedland  
Population Council  
USA

Cristina Genovese  
Gaetano Martino University Hospital  
Italy

Kim Green  
PATH  
Viet Nam

Emma Harding-Esch  
London School of Hygiene & Tropical Medicine (LSHTM)  
United Kingdom

Chawisar Janekrongtham  
Ministry of Health  
Thailand

Klaus Jansen  
Robert Koch Institute  
Germany

Bridget Jjuuko (online)  
ACTS 101  
Uganda

Stephanie Johanssen  
Médecins Sans Frontières  
Germany

Maximina Jokonya  
Y+ Global  
Zimbabwe

Irene Keinhorst  
Ministry of Health  
Germany

Yudara Kularathne (online)  
Maastricht University Medical Centre  
Netherlands (Kingdom of the)

Nicola Low (online)  
University of Bern  
Switzerland

Eolann Mac Fadden  
Frontline AIDS  
United Kingdom

Imelda Mahaka (online)  
Pangaea Zimbabwe  
Zimbabwe

Binod Mahanty  
Ministry of Health  
Germany

Regina Maithufi  
Ministry of Health  
South Africa

Mamello Makoae (online)  
Lesotho Network of Aids Service Organizations  
Lesotho

Roman Malessa  
FAQ Health  
Germany

Eddy Ingutla Mandilla  
LVCT Health (interpreter)  
Kenya

Mandisa Mandini  
Foundation for Professional Development  
South Africa

Otilia Mardh (online)  
European Centre for Disease Prevention and Control (ECDC)  
Sweden

Philippe Mayaud (online)  
LSHTM  
United Kingdom

Kenneth Mayer (online)  
Fenway Health  
USA

Angelica Miranda  
Ministry of Health  
Brazil
Dingaan Mithi
JournAIDS
Malawi

Daniel Nagel
FAQ Health
Germany

Francis Ndowa
Skin & Genito-Urinary Medicine Clinic
Zimbabwe

Kimberly Neff
Herpes Cure Advocacy
USA

Lina Nerlander (online)
European Centre for Disease Prevention and Control (ECDC)
Sweden

Cedric Nininahazwe
GNP+
Netherlands (Kingdom of the)

Will Nutland
PrEPster / The Love Tank
United Kingdom

Simon Ondiek (online)
Nyanza Reproductive Health Society
Kenya

Anne Philpott
The Pleasure Project
United Kingdom

Axel Pries
World Health Summit / Charité
Germany

Valeria Rachinska
100% Life
Ukraine

Inad Rendon (online)
APCOM
Thailand

Jeff Rowland
Global Antibiotic Research and Development Partnership (GARDP)
Switzerland

Nihal Said
International Planned Parenthood Federation (IPPF)
United Kingdom

Henry Sakala
Latu Human Rights Foundation
Zambia

Mancharee Sangmueang-Skallevold
International Pharmaceutical Students’ Federation (IPSF)
Netherlands (Kingdom of the)

Lon Sayheng
Ministry of Health
Cambodia

Maike Scharp
Bill & Melinda Gates Foundation
USA

Axel Schmidt
Deutsche Aidshilfe
Germany

Amir Shroufi
Global Fund to Fights AIDS, Tuberculosis and Malaria
Switzerland

Arushi Singh (online)
United Nations Educational, Scientific and Cultural Organization (UNESCO)
France

David Sotto
Bill & Melinda Gates Foundation
USA

Hipolite Tarimo
IAP Young Physician Leader
United Republic of Tanzania

Supanant Thitipatarakorn
Institute of HIV Research and Innovation (IHRI)
Thailand

Daniel Townsend
Independent consultant
Germany

Jan Vandenhambergh
AIDS Healthcare Foundation
Netherlands (Kingdom of the)

Barbara Van Der Pol
University of Alabama at Birmingham, International Society for STD Research (ISSDTR) and American Sexually Transmitted Diseases Association (ASTDA)
USA
Beatrice Vetter
FIND
Switzerland

Nils Voelker
Healthy Futures Global
Germany

Prachi Vora
Bill & Melinda Gates Foundation
USA

Coleen Wagner
Networking HIV and AIDS Community of Southern Africa (NACOSA)
South Africa

Janet Wilson
International Union of STIs (IUSTI)
United Kingdom

WHO Secretariat
WHO headquarters, Switzerland

Maeve Brito De Mello
Meg Doherty (online)
Sami Gottlieb
Helen Kelly (online)
Ismail Maatouk
Daniel McCartney
Antons Mozalevskis
Yamuna Mundade
Walter Owens
Jane Rowley
Jérôme Salomon (video presentation)
Andy Seale
Erica Spielman (online)
Phiona Vumbugwa
Teodora Wi

WHO regional offices

Viatcheslav Grankov
WHO Regional Office for Europe
Denmark

Ruben Mayorga-Sagastume
WHO Regional Office for the Americas
USA
For more information, please contact:

**World Health Organization**
Global HIV, Hepatitis and Sexually Transmitted Infections Programmes
20 Avenue Appia
1211 Geneva 27
Switzerland

Email: hiv-aids@who.int
Website: https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/www.who.int